LOBBYIST MONTHLY REPORT FORM | Page | 50



State of Idaho

Bon Ysursa Secretary of State

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To Be Filod	By:	326
T_3	LOBBYISTS	

				-								
				learly in black ink)								
	See instructions at bottom of page Lobbyist's name and permanent business address						Date p	repared		Period covered		
	2000,200	Julie Lynde 5237 Umatilla Ave. Boise, ID 83709								month ending		
	-	237	umat	411a Hue.			12	-26-0	6	24	(Davi)	(Va)
		Soise,	ID 8	3709						(Mo.) 2	28	(Yr.) 06
	Ytem:	Totals	of all reportab	le expenditures made o	incurred b	y Lobbyi	st or by	Lobbyist's Empl	oyer on behalf	of Lobby	yist's Employ	yer.
	Category of Expenditure Reimbursed Personal Living and Travel		* Total Amount for All Employers	Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)								
	Exponses Pertaining to Lobbying Activity Do Not Have to be Reported			Employer No. 1				Employer No. 3		Employer No. 4		
	Entertain Food and	nment d Refreshm	tent	: 23.90	s		_ s.		s		\$	
	Living A	Accommodi	ations				_ _					
	Advertis	sing					_	,				
	Travel						_ _				<u> </u>	
	Telephor	DE .					_					
· - · · ·	Other Ex	Other Expenses or Services					_ _					<u>.</u>
			Total	s 23,90	s		_ \$		\$		\$	1 De A
	*W	*When the number of employers you are reporting for requi				ires multiple L-3 forms to be filed		ed a total amount fo	n all employers s	s should be entered on Page 1.		
	Item The totals of each expenditure of more than fifty of			dollars (\$50) for a legislator or other h			holder of public office. Names of Legislators & Public Officials in Group					
	2 Date			Place	A		<u>unc</u>	TVALUE (A LASISTACAS OF	ublic Ori	scials in Olou	
	~ · · ·							.,				
	ГПо	'ontinued on	attached page(s)		İ	İ		l				
							Item 3	Employer(s) Name(s) and Address(es)				
	INSTRUCTIONS					 -		Cornerst	one In	5t. ay	1 Total	20
	Who should file this form: Any lobbyist registered to 67-6617 Idaho Code.				under Section		No.1 P.O. BOX 19. BOISE IL		19/003 ID	Inst of Idaho 1937/9		
	Filing deadline: Monthly reports due within ten (10 month for activities of the past month.			.0) days of the		lo.2						
	TO BE FILED WITH:				,	No.3						
	Ben Ysursa Secretary of State				Ĺ	17013						
			; PO	Box 83720 ID 83720-0080		,	To.4					
	į	Pho		2852 Fax: (208) 334-2	2282	- !						

Item	1 ' '	• .	byist or by the lobbyist's en	nployer in the nature of contributions (of money or	other tangible or intangible				
•	Date	Amount		Name of Logislator Receiving or Bestefited						
2-		214.9	6 Senato	r Bob Geddes Rep. Lawerence	_					
2-	23-06	217.1	5 December	rRep. Laweren	ce D	enney				
ltom			tion, the number of the Senate r legislative activity in which	LEGISLATIVE SUE	JECT IDE	NTIFICATION				
5		was supporting or o		Code Subject	Code Sub	iect				
CHRT1 CORRECT	TCOde Bill, R Table) Lagista H FICATION: I be statement is acc	asolution or Other three Ident, Number TR 2	Appropriation Bill Number and Section Number and Section Number	O1 Agriculture, horticulture, farming, and livestock O2 Amusements, games, afulctics and sports O3 Barking, finance, credit and investments O4 Children, minors, youth, senior citiaens O5 Church and religion O6 Consumer affairs O7. Epology, carviroument, pollution, conservation, zoning, land and water use O6 Educatios O9 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, finids: 12 Government, accounty 13 Government, fideral 14 Government, special districts 16 Government, agate	17 Heal and insured in the second in the sec	ith service, medicine, drugs controlled substances, health rance, hospitate for oducation sling, construction, codes ranco (excluding health rance) pr, salaries and wages, active bargaining enforcement, courts, etc., crimes, prisons use, permits see, permits or sufficturing, distribution and				
_			1012 2-26-	J 06						